

Step by Step Instruction: How to Complete the New Sponsor Application Forms for the National School Lunch Program



Revised November 2016

"Step by Step Instruction: How to Complete the Application Forms for the National School Lunch Program" is intended for the School Food Authorities in the state of Arizona. All regulations are specific to operating the National School Lunch Program under the direction of the Arizona Department of Education

Step by Step Instruction: How to Complete the New Sponsor Application Forms for the National School Lunch Program

Intended Audience and Content

- This *How-To-Guide* is intended for Local Educational Agencies (LEAs) who will be completing the New Sponsor Application Forms for the National School Lunch Program (NSLP).
- The following slides provide guidance on how to complete the application forms to become a new Sponsor of the National School Lunch Program (NSLP).

Step by Step Instruction: How to Complete the New Sponsor Application Forms for the National School Lunch Program

Objectives

At the end of this training, attendees should be able to:

- Identify all forms required to be submitted to the Arizona Department of Education (ADE) to apply as a new Sponsor for NSLP; and
- Become familiar with the instructions on how to complete the New Sponsor Application Forms for the National School Lunch Program (NSLP).

Step by Step Instruction: How to Complete the New Sponsor Application Forms for the National School Lunch Program

Definitions

CTD Number: In Arizona, an entity recognized as part of the educational system is identified by a nine digit number.

Designated Official: This is the individual that will be overseeing the School Nutrition Programs and will be asked to make decisions and sign documents for the program.

Local Educational Agency (LEA): A public board of education or other public or private nonprofit authority legally constituted within a state for either administrative control or direction of, or to perform a service function for, public or private nonprofit elementary schools or secondary schools in a city, county, township, school district, or other political subdivision of a state, or for a combination of school districts or counties that is recognized in a state as an administrative agency for its public or private nonprofit elementary schools or secondary schools. This also includes residential child care institutions, Bureau of Indian Affairs, and education service agencies and consortia of those agencies.

Step by Step Instruction: How to Complete the New Sponsor Application Forms for the National School Lunch Program

Definitions

National School Lunch Program (NSLP): A federally assisted meal program operating in public, private nonprofit schools, residential child care institutions, juvenile correctional institutions, and boarding schools. Such organizations get reimbursements for each meal/snack they serve, in return they must serve lunches that meet federal requirements.

School Food Authority (SFA): The governing body which is responsible for the administration of one or more schools; and has the legal authority to operate the Child Nutrition Programs therein or is otherwise approved by the Food and Nutrition Service to operate the Child Nutrition Programs.

Sponsor: Arizona Department of Education's (ADE) term for the entity that is responsible for the administration of Child Nutrition Programs at the sites.

Step by Step Instruction: How to Complete the New Sponsor Application Forms for the National School Lunch Program

The Step by Step Instruction will review:

Application Forms for the National School Lunch Program	Slides 9-39
<u>Sponsor Application Process Statement</u>	Slide 9
<u>Food Program Permanent Service Agreement</u>	Slides 10-8
<u>ADD / CHANGE / DELETE</u>	Slide 19-20
<u>Common Logon Permissions Request for NSLP</u>	Slides 20-26
<u>Free and Reduced Price Policy Statement</u>	Slides 27
<u>Civil Rights Pre-Award Compliance</u>	Slide 28-29
<u>State of Arizona Substitute W-9 Form</u>	Slide 30
<u>DUNS Number Form</u>	Slide 31-32
<u>Certification Regarding Debarment</u>	Slide 33
<u>Certification Regarding Lobbying</u>	Slide 34
<u>Menu Certification</u>	Slide 35
Application Forms if Applicable	Slides 36-39

The following slides will only cover how-to instructions for completing the application forms. If further guidance is needed on applying for NSLP, please refer back to ADE's [How to Apply Webpage](#).

Step by Step Instruction: How to Complete the New Sponsor Application Forms for the National School Lunch Program

Document Overview

- All documents need to be signed by the **Designated Official**. The **Designated Official** is listed on the signature page (page 18) of the **Food Program Permanent Service Agreement** (FPPSA).
- All forms must be submitted as hard copies to the Arizona Department of Education's Health and Nutrition Division, School Nutrition Programs office.

Mail original documents to:

School Nutrition Programs
Arizona Department of Education
1535 W. Jefferson, Bin #7
Phoenix, AZ 85007

Application Forms for the National School Lunch Program

Application Forms for the National School Lunch Program


New Sponsor Application Process Statement

This document should be used as a checklist to ensure a complete application package is provided to ADE.

Applicant must:

- complete all empty fields
- check off all the boxes as the tasks are completed; and
- have the **Designated Official** sign and submit the document as the cover page with all application forms.

Click [here](#) to access the New Sponsor Application Process Statement.


Arizona Department of Education
National School Lunch Program
New Sponsor Application Process Statement

What date do you plan to begin operating the NSLP and/or SBP? _____

To be approved for the National School Lunch Program and School Breakfast Program you must:

- ☐ Have a CTDS number from ADE School Finance/ Health and Nutrition
- ☐ Read the "Orientation to: Operating National School Lunch Program in Arizona" & complete the Orientation Assessment for New Sponsors
- ☐ Have your Breakfast (if applicable) and Lunch Menu(s) Certified by a Program Specialist
- ☐ Request Common Logon Permissions* for access to the CNPweb
- ☐ Complete Site and Sponsor applications on CNPWeb
- ☐ If applicable, have your Vendor contracts approved by the ADE/ HNS Contracts Management Officer
- ☐ Complete and submit the application packet below

The following forms must be submitted in hard copy to the Arizona Department of Education's Health & Nutrition Services Division Office/Child Nutrition Programs:

- ☐ New Sponsor Application Process Statement (this form)
- ☐ Food Program Permanent Service Agreement (2 signed originals must be submitted)
- ☐ ADD/ CHANGE/ DELETE (Health and Nutrition Services Entity Data Form)
- ☐ *Common Logon Permissions Request for NSLP on CNP Web (more than one user per organization is recommended)
- ☐ Private Organizations require: Common Logon Permissions Request for CNP Annual Financial Reports Access
- ☐ Free and Reduced- Price Policy Statement
- ☐ Civil Rights Pre-Award Compliance
- ☐ State of Arizona Substitute W-9 Form
- ☐ Private Organizations require: Copy of tax-exemption 501(c)(3) letter from the IRS
- ☐ DUNS Number Form
- ☐ Certification Regarding Debarment
- ☐ Certification Regarding Lobbying
- ☐ Menu Certification documents
- ☐ Residential Facilities require: Copy of current license for each site(s) participating in the program

USDA Foods Program require: Food Distribution Program Delivery Information Form

I, _____, understand that the steps listed above must be completed before
_____, Designated Official (name printed)

_____ will be approved for the National School Lunch Program and that I
_____, Name of sponsoring entity
will not be able to claim any meals that are served before official approval is given.

Signature of Designated Official

Date

Revised July 2015

Application Forms for the National School Lunch Program

Food Program Permanent Service Agreement (FPPSA)

The FPPSA is a legal contract between ADE and the LEA participating in the Child Nutrition Programs. Within the contract, the LEA agrees to follow all federal regulations of the Child Nutrition Programs and ADE will provide reimbursement. The following slides will provide guidance on how to complete the agreement. Applicants are also encouraged to review the [NSLP Revised Food Program Permanent Service Agreement \(FPPSA\) Instructions](#) memo to assist in a timely turnaround.

The image shows three overlapping copies of the Arizona Department of Education Food Program Permanent Service Agreement (FPPSA) form. The topmost form is clearly visible and contains the following text:

ARIZONA DEPARTMENT OF EDUCATION
Food and Nutrition Services
130 West Jefferson Street
Phoenix, Arizona 85007

**FOOD PROGRAM
PERMANENT SERVICE AGREEMENT**
ADE Contract No. FPMO-0001
Revised November 2014

SIGNATURES
Legal Name of Applicant: _____
Doing Business As (if applicable): _____

This Agreement is entered into between the Arizona State Board of Education ("SBOE"), acting through the Arizona Department of Education ("ADE"), a state agency of the State of Arizona, and the SPOKOR (representing the Arizona School Districts ("ASDs"), a public entity, and the SPOKOR is authorized to enter into this Agreement pursuant to the provisions of the Arizona School Districts Act ("ASDA").

The purpose of this Agreement is to effectuate the National School Lunch Act ("NSLCA"), as amended (42 U.S.C. § 1751 et seq.), and the Child Nutrition Act ("CNA"), as amended (42 U.S.C. § 1771 et seq.).

The SPOKOR enters into this Agreement with the SBOE for participation in one or more of the following programs (the "PROGRAMS") (Check those that apply):

- ☐ National School Lunch Program (CNA No. 10.555)
- ☐ School Breakfast Program (CNA No. 10.555)
- ☐ Special Milk Program (CNA No. 10.555)

DEPARTMENT OF EDUCATION
Food and Nutrition Services
130 West Jefferson Street
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- ☐ Special Milk Program (CNA No. 10.555)

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130 West Jefferson Street
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- ☐ School Breakfast Program (CNA No. 10.555)
- ☐ Special Milk Program (CNA No. 10.555)

Click [here](#) to access the Food Program Permanent Service Agreement.

Continue

Application Forms for the National School Lunch Program

Food Program Permanent Service Agreement (FPPSA)

- The FPPSA is a total of 18 pages. Applicant must complete **all** empty fields found on pages 1,17, and 18.
- Two **original** documents containing all 18 pages (hard copies) must be submitted to ADE.
- All signatures must be **original** (*wet-ink*; no felt pens, white-out, stamps or scanned images may be used).
- Correction tape may **not** be used.

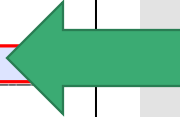
Continue


Application Forms for the National School Lunch Program

Completing the FPPSA: Page 1

Sponsor (also referred to as LEA): Enter the name given to your organization when your *CTD number was assigned. Do **not** abbreviate your name unless that is how you are registered with School Finance.

For example, you registered your legal name with School Finance as Saint Joseph's, you would use Saint Joseph's as your Sponsor name instead of St. Joseph's.



 **ARIZONA DEPARTMENT OF EDUCATION**
Health and Nutrition Services
1535 West Jefferson Street
Phoenix, Arizona 85007

**FOOD PROGRAM
PERMANENT SERVICE AGREEMENT**
ADE Contract No. ED09-0001
Revised Summer 2014

[Redacted box]
("SPONSOR")
(Legal Name of Applicant)

[Redacted box]
Doing Business As (if applicable).

This Agreement is entered into between the Arizona State Board of Education ("BOARD"), acting through the Arizona Department of Education ("AGENCY"), a state agency of the State of Arizona, and the SPONSOR pursuant to Arizona Revised Statutes ("A.R.S.") §§ 15-203(B)(1) and 15-1152 (and § 11-951 et seq. if the SPONSOR is a public agency). If the SPONSOR is a public agency, the SPONSOR is authorized to enter into this Agreement pursuant to [Redacted box]
(to be completed by the SPONSOR)

The purpose of this Agreement is to effectuate the National School Lunch Act ("NSLA"), as amended (42 U.S.C. § 1751 et seq.) and the Child Nutrition Act ("CNA") of 1966, as amended (42 U.S.C. § 1771 et seq.).

The SPONSOR enters into this Agreement with the BOARD for participation in one or more of the following programs (the "PROGRAM") (Check those that apply):

- ☐ National School Lunch Program (CFDA No. 10.555)
- ☐ School Breakfast Program (CFDA No. 10.553)
- ☐ Special Milk Program (CFDA No. 10.556)

1


*If you are unsure of your CTD number or your legal name, contact School Finance directly at 602-542-5695, Charter Schools should contact their Charter Board, and RCCIs should contact School Nutrition Programs for more information.

Continue

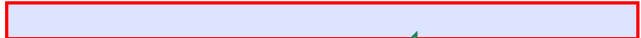
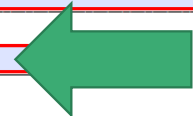

Application Forms for the National School Lunch Program

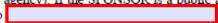
Completing the FPPSA: Page 1

Doing Business As: Only applicable to LEAs whose legal name includes **DBA**. This field is generally left blank.

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("SPONSOR")
(Legal Name of Applicant)


Doing Business As (if applicable).

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(to be completed by the SPONSOR)

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- ☐ School Breakfast Program (CFDA No. 10.553)
- ☐ Special Milk Program (CFDA No. 10.556)

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Continue

Application Forms for the National School Lunch Program

Completing the FPPSA: Page 1

Public programs are required to include the Arizona Revised Statutes (A.R.S.) that allow them to enter into this agreement. The blank field at the end of the first paragraph should be filled in with the A.R.S. for the specific type of entity:

- *School Districts would use:
A.R.S. 15-342(13)*
- *Charter Schools would use:
A.R.S. 15-183(H)*
- *Private and BIA Schools would
leave this blank.*

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(Legal Name of Applicant)

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The purpose of this Agreement is to effectuate the National School Lunch Act ("NSLA"), as amended (42 U.S.C. § 1751 et seq.) and the Child Nutrition Act ("CNA") of 1966, as amended (42 U.S.C. § 1771 et seq.).

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- ☐ School Breakfast Program (CFDA No. 10.553)
- ☐ Special Milk Program (CFDA No. 10.556)


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Application Forms for the National School Lunch Program

Completing the FPPSA: Page 1

Place a check mark or X within the brackets [] to indicate which School Nutrition Program(s) you wish to participate in.



 **ARIZONA DEPARTMENT OF EDUCATION**
Health and Nutrition Services
1535 West Jefferson Street
Phoenix, Arizona 85007

**FOOD PROGRAM
PERMANENT SERVICE AGREEMENT**
ADE Contract No. ED09-0001
Revised Summer 2014

[Redacted Box]

("SPONSOR")
(Legal Name of Applicant)
[Redacted Box]

Doing Business As (if applicable):
[Redacted Box]

This Agreement is entered into between the Arizona State Board of Education ("BOARD"), acting through the Arizona Department of Education ("AGENCY"), a state agency of the State of Arizona, and the SPONSOR pursuant to Arizona Revised Statutes ("A.R.S.") §§ 15-203(B)(1) and 15-1152 (and § 11-951 et seq. if the SPONSOR is a public agency). If the SPONSOR is a public agency, the SPONSOR is authorized to enter into this Agreement pursuant to [Redacted Box]
(to be completed by the SPONSOR)

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1. ☐ National School Lunch Program (CFDA No. 10.555)
2. ☐ School Breakfast Program (CFDA No. 10.553)
3. ☐ Special Milk Program (CFDA No. 10.556)


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Continue

Application Forms for the National School Lunch Program

Completing the FPPSA: Page 17

- Complete fields 1-7 using the guidance found on the form (see *example on the right hand side*).
- In field 2, if you do not have a Governing Board, please indicate *No Governing Board*.
- Any board member may designate any other person to be the **Designated Official**. The board member cannot be the **Designated Official**.
- The **Designated Official** should be the most readily available person who can make decisions or sign documents for School Nutrition Programs.

 **ARIZONA DEPARTMENT OF EDUCATION**
Health and Nutrition Services
1535 West Jefferson Street
Phoenix, Arizona 85007

**FOOD PROGRAM
PERMANENT SERVICE AGREEMENT**
Revised Summer 2014

CERTIFICATION PAGE
(Applicable to SPONSORS with governing boards only;
must be completed and signed before signature page.)

INSTRUCTIONS: The following information must be inserted into the Certification Section below.

(1) County in which the governing board is located.
(2) Name of governing board member authorized to sign this certification page.
(3) City in which governing board meeting regarding the Food Program Permanent Service Agreement was held.
(4) Date of governing board meeting.
(5) Legal name of the SPONSOR.
(6) Name of designated official who will be signing the Food Program Permanent Service Agreement (same designated official as on line 1 of the signature page of this Agreement).
(7) Signature of governing board member (same name as on line (2) of this certification page).
Please note that a governing board member cannot designate himself or herself as the *Designated Official*.

CERTIFICATION

State of Arizona)
County of (1))
I, (2)) the duly appointed or elected and qualified
Name of Governing Board Member
member of, and acting on behalf of the governing board, do hereby certify that during a regular meeting held in (3)
(4) Arizona, on (4)) this governing board, by motion made, seconded
and carried approved and authorized execution of an agreement between the (5)
(6)) and the State Board of Education (BOARD) for the purpose of
participating in the National School Lunch Program, School Breakfast Program, and/or Special Milk Program, for the period
beginning July 1, 2014.
(6)) has been designated by the governing board to sign this Agreement.
Name of Designated Official
(Cannot be the same as (2) above)
I further certify that this meeting was duly noticed, called and convened and was attended by a majority of the members of the
governing board and that approval has not since been altered or rescinded.
(7))
Signature of Governing Board Member
(Same as (2) above)


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Application Forms for the National School Lunch Program

Completing the FPPSA: Page 18

- Page 18 must be signed by the *Designated Official* (not the board member).
- ADE recommends designating additional *Authorized Signers* in fields 2-4.
- The *Designated Official* should **not** be included in these fields. Please note, the *Designated Official* and *Authorized Signers* will be the only individuals that will be able to sign documents for the LEA.

 **ARIZONA DEPARTMENT OF EDUCATION**
Health and Nutrition Services
1535 West Jefferson Street
Phoenix, Arizona 85007

**FOOD PROGRAM
PERMANENT SERVICE AGREEMENT**
Revised Summer 2014

SIGNATURE PAGE

AGREED TO AND SIGNED:

1.
(Print or Type Name and Title)
(Signature of Designated Official if applicable)
[Same as item (6) on Certification Page]

(SPONSOR)
(Date)

Address

OTHER AUTHORIZED SIGNATURES

2.
(Print or Type Name and Title)
(Signature)

3.
(Print or Type Name and Title)
(Signature)

4.
(Print or Type Name and Title)
(Signature)

FOR OFFICIAL USE ONLY
STATE BOARD OF EDUCATION

(Superintendent of Public Instruction or Designee)
1535 West Jefferson, Phoenix, Arizona 85007 (Date)


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Continue

Application Forms for the National School Lunch Program

Completing the FPPSA: Page 18

- It is not necessary to have board members be *Authorized Signers*.
- The purpose of requesting other *Authorized Signers* is to have backup signers for time sensitive deadlines.

 **ARIZONA DEPARTMENT OF EDUCATION**
Health and Nutrition Services
1535 West Jefferson Street
Phoenix, Arizona 85007

**FOOD PROGRAM
PERMANENT SERVICE AGREEMENT**
Revised Summer 2014

SIGNATURE PAGE

AGREED TO AND SIGNED:

1.
(Print or Type Name and Title)

(Signature of Designated Official if applicable)
[Same as item (6) on Certification Page]

(SPONSOR) (Date)

Address

OTHER AUTHORIZED SIGNATURES

2. (Signature)
(Print or Type Name and Title)

3. (Signature)
(Print or Type Name and Title)

4. (Signature)
(Print or Type Name and Title)

FOR OFFICIAL USE ONLY
STATE BOARD OF EDUCATION

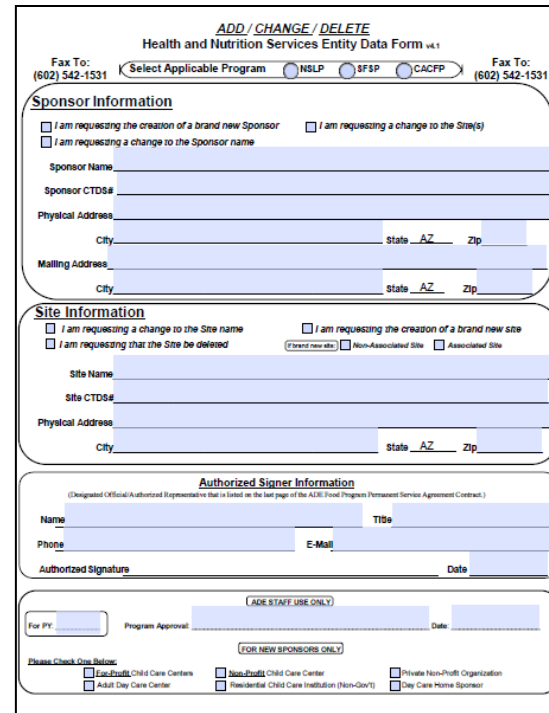
(Superintendent of Public Instruction or Designee) (Date)
1535 West Jefferson, Phoenix, Arizona 85007

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Application Forms for the National School Lunch Program

ADD/CHANGE/DELETE Form

The purpose of this form is to formally request the LEA and its participating site(s) to be added to the electronic Child Nutrition Programs (CNP) system.



The form is titled "ADD / CHANGE / DELETE Health and Nutrition Services Entity Data Form v4.1". It includes a fax number (602) 542-1531 and a "Select Applicable Program" section with radio buttons for NSLP, SFSP, and CACFP. The form is divided into four main sections: "Sponsor Information", "Site Information", "Authorized Signer Information", and a bottom section for "FOR NEW SPONSORS ONLY". The "Sponsor Information" section includes checkboxes for creating a new sponsor, changing a site name, or changing a sponsor name, followed by fields for Sponsor Name, Sponsor CTDS#, Physical Address, City, State (pre-filled with AZ), and Zip. The "Site Information" section includes checkboxes for changing a site name, creating a new site, or deleting a site, followed by fields for Site Name, Site CTDS#, Physical Address, City, State (pre-filled with AZ), and Zip. The "Authorized Signer Information" section includes fields for Name, Title, Phone, E-Mail, Authorized Signature, and Date. The bottom section includes a "For PY" field, a "Program Approval" field, and a "Date" field. The "FOR NEW SPONSORS ONLY" section includes checkboxes for "Child Care Center", "Non-Profit Child Care Center", "Private Non-Profit Organization", "Adult Day Care Center", "Residential Child Care Institution (Non-Govt)", and "Day Care Home Sponsor".

Please click [here](#) to access the ADD/CHANGE/DELETE form.

Continue

Application Forms for the National School Lunch Program

Completing the ADD/CHANGE/DELETE Form

- The location where program meals will be served is referred to as a **site**.
- The Sponsor (LEA) name must match the name listed in the School Finance database.
- This form must be signed by an **Authorized Signer**.
- Electronic signatures are **not** accepted by ADE School Nutrition Programs.
- If you are adding more than one site, there is an additional page to be filled out and signed.

ADD / CHANGE / DELETE
Health and Nutrition Services Entity Data Form v4.1

Fax To: (602) 542-1531 Select Applicable Program ☐ NSLP ☐ SFSP ☐ CACFP Fax To: (602) 542-1531

Sponsor Information

☐ I am requesting the creation of a brand new Sponsor ☐ I am requesting a change to the Site(s)
☐ I am requesting a change to the Sponsor name

Sponsor Name _____
Sponsor CTDS# _____
Physical Address _____
City _____ State AZ Zip _____
Mailing Address _____
City _____ State AZ Zip _____

Site Information

☐ I am requesting a change to the Site name ☐ I am requesting the creation of a brand new site
☐ I am requesting that the Site be deleted (If brand new site: ☐ Non-Associated Site ☐ Associated Site)

Site Name _____
Site CTDS# _____
Physical Address _____
City _____ State AZ Zip _____

Authorized Signer Information
(Designated Official/Authorized Representative that is listed on the last page of the ADE Food Program Permanent Service Agreement Contract.)

Name _____ Title _____
Phone _____ E-Mail _____
Authorized Signature _____ Date _____

FOR NEW SPONSORS ONLY

For PV: _____ Program Approval: _____ Date: _____

Please Check One Below:

<input type="checkbox"/> For-Profit Child Care Centers	<input type="checkbox"/> Non-Profit Child Care Center	<input type="checkbox"/> Private Non-Profit Organization
<input type="checkbox"/> Adult Day Care Center	<input type="checkbox"/> Residential Child Care Institution (Non-Gov't)	<input type="checkbox"/> Day Care Home Sponsor

Application Forms for the National School Lunch Program

Common Logon Permissions for NSLP

The Arizona Department of Education's Common Logon is designed to encompass all web applications at ADE for the purposes of allowing uniform access into ADE-related systems. Once granted a username and password, the user will have all requested *web applications* from different divisions listed on their Common Logon home page.

Common Logon Permissions for NSLP
Please scan & e-mail the completed form to
ADESchoolNutrition@azed.gov

Sponsor Name (this is the name of your District, your Non-Profit, your Church, etc.) CTDS #

First Name (if person having permissions added/deleted) Last Name

Username (enter if you already have a username that you use to login to the ADE Common Logon. Example: Jsmith181) Work E-Mail Address

Title Work Phone Number Ext.

Permissions Section

☐ Check here to request CNPWeb-NSLP permissions OR to keep them if you received them previously. Note that if left blank, permissions will be deleted if you received them previously.

☐ Check here to request CNP Direct Certification permissions OR to keep them if you received them previously. Note that if left blank, permissions will be deleted if you received them previously.

☐ Check here to request CNP VERIFICATION permissions OR to keep them if you received them previously. Note that if left blank, permissions will be deleted if you received them previously.

☐ Check here if the user should be DELETED

Authorized Representative

Signature Date

Work E-Mail Address Work Phone Number Ext.

As the above named Authorized Representative, I certify that I am a Governing Board Member that is listed on the Certification Page of the ADE Food Program Permanent Service Agreement Contract, or a Designated Official/Authorized Representative that is listed on the last page of the ADE Food Program Permanent Service Agreement Contract. I understand by signing this document I am certifying that the above named User has been provided with the ADE Acceptable Use Policy, is an employee with this organization, and understands the responsibilities associated with the Common Logon Permissions for Health and Nutrition Services. Finally, I understand that it is my responsibility to request ADE to disable this user account, should this employee resign or be terminated from employment with the above named organization.

ADE USE ONLY

Approved By: Date:

ADE Child Nutrition Program Representative Revised 5/18/2016

Arizona Department of Education, Health and Nutrition Services
1135 West Jefferson Street, Box #7, Phoenix, Arizona 85007 * (602) 542-4700 * www.azed.gov

Please click [here](#) to access the Common Logon Permissions for NSLP form.

Continue

Application Forms for the National School Lunch Program

Completing the Common Logon Permissions for NSLP Form

- Follow the instructions provided on the form.
- Permissions Section:** indicate what CNP web applications the user is requesting. The following slide will review this section in greater detail.
- Authorized Representative** must sign this document in order for ADE to approve this request.
- Work E-Mail Address** and **Work Phone Number:** ADE will use the contact information listed here to notify applicant of permission details.

Common Logon Permissions for NSLP
Please scan & e-mail the completed form to
ADESchoolNutrition@azed.gov

Sponsor Name (this is the name of your District, your Non-Profit, your Church, etc.) CTDs #

First Name (of person having permissions added/deleted) Last Name

Username (enter if you already have a username that you use to login to the ADE Common Logon. Example: JSmith1983) Work E-Mail Address

Title Work Phone Number Ext.

Permissions Section

☐ Check here to request CNPWeb-NSLP permissions OR to keep them if you received them previously. Note that if left blank, permissions will be deleted if you received them previously.

☐ Check here to request CNP Direct Certification permissions OR to keep them if you received them previously. Note that if left blank, permissions will be deleted if you received them previously.

☐ Check here to request CNP VERIFICATION permissions OR to keep them if you received them previously. Note that if left blank, permissions will be deleted if you received them previously.

☐ Check here if the user should be DELETED

Authorized Representative

Signature Date

Work E-Mail Address Work Phone Number Ext.

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ADE USE ONLY

Approved By: Date: Revised 5/18/2016

Arizona Department of Education, Health and Nutrition Services
1535 West Jefferson Street, Box #7, Phoenix, Arizona 85007 • (602) 542-8700 • www.azed.gov

Continue

Application Forms for the National School Lunch Program

Permissions Section

It is recommended that only those individuals completing specific tasks have access to the different Common Logon Child Nutrition Program (CNP) applications.

Please note, all CNP applications will be needed at some point in the program year for required reporting to ADE. Additionally, a *back-up* user is recommended for sensitive deadlines.

Common Logon Permissions for NSLP
Please scan & e-mail the completed form to
ADESchoolNutrition@azed.gov

Sponsor Name (this is the name of your District, your Non-Profit, your Church, etc.) CTDs #

First Name (of person having permissions added/deleted) Last Name

Username (enter if you already have a username that you use to login to the ADE Common Logon. Example: JSmith1983) Work E-Mail Address

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Authorized Representative

Signature Date

Work E-Mail Address Work Phone Number Ext.

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ADE USE ONLY

Approved By: Date: Revised 5/18/2016

Arizona Department of Education, Health and Nutrition Services
1535 West Jefferson Street, Bin #7, Phoenix, Arizona 85007 • (602) 542-8700 • www.azed.gov

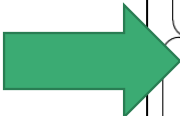
Continue

Application Forms for the National School Lunch Program

Permissions Section

CNPWeb-NSLP:

- After the FPPSA is approved, LEAs are required to submit annual Site and Sponsor Applications online through CNPWeb.
- CNPWeb is also used by LEAs to enter claim data for reimbursement.



Common Logon Permissions for NSLP
Please scan & e-mail the completed form to ADESchoolNutrition@azed.gov

Sponsor Name (this is the name of your District, your Non-Profit, your Church, etc.) CTDS #

First Name (of person having permissions added/deleted) Last Name

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Authorized Representative Signature Date

Work E-Mail Address Work Phone Number Ext.

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ADE USE ONLY

Approved By: ADE Child Nutrition Programs Representative Date: Revised 5/18/2016

Arizona Department of Education, Health and Nutrition Services
1535 West Jefferson Street, Bin #7, Phoenix, Arizona 85007 • (602) 542-8700 • www.azed.gov

Continue

Application Forms for the National School Lunch Program

Permissions Section

CNP Direct Certification:

- Users will be able to find students who participate in Assistance Programs such as SNAP, TANF, FDPIR, or are identified as Foster, Migrant, or Homeless.

Common Logon Permissions for NSLP
Please scan & e-mail the completed form to ADESchoolNutrition@azed.gov

Sponsor Name (this is the name of your District, your Non-Profit, your Church, etc.) CTDs #

First Name (of person having permissions added/deleted) Last Name

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Approved By: Date: Revised 5/18/2016

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1535 West Jefferson Street, Bin #7, Phoenix, Arizona 85007 • (602) 542-8700 • www.azed.gov


Continue

Application Forms for the National School Lunch Program

Permissions Section

CNP Verification:

- Users will be able to report and submit the annual CNP Verification Summary Report.



Common Logon Permissions for NSLP
Please scan & e-mail the completed form to
ADESchoolNutrition@azed.gov

Sponsor Name (this is the name of your District, your Non-Profit, your Church, etc.) CTDS #

First Name (of person having permissions added/deleted) Last Name

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ADE USE ONLY

Approved By: ADE Child Nutrition Programs Representative Date: Revised 5/18/2016

Arizona Department of Education, Health and Nutrition Services
1535 West Jefferson Street, Bin #7, Phoenix, Arizona 85007 • (602) 542-8700 • www.azed.gov

Application Forms for the National School Lunch Program

Free and Reduced-Price Policy Statement (FRPPS)

This document outlines regulations and procedures used by the LEA to determine student's eligibility for free and reduced-price meal benefits. This policy statement is considered a permanent document and shall apply to the program(s) indicated on the FPPSA.

Applicant must:

- Fill in all grayed areas of the FPPSA indicating the procedures set in place at the LEA;
- Enter the name used on the FPPSA where asked to provide *Sponsor Name*; and
- Sign the last page of the statement.

Please click [here](#) to access the Free and Reduced-Price Policy Statement form.

The image shows a thumbnail of the 'Free and Reduced-Price Policy Statement' form from the Arizona Department of Education. At the top, it features the state seal and the department's name and address: 'ARIZONA DEPARTMENT OF EDUCATION, Health and Nutrition Services, 1535 West Jefferson Street, Phoenix, Arizona 85007'. The title 'Free and Reduced-Price Policy Statement' is centered, with 'Revised Summer 2015' below it. The form is divided into sections: 'Introduction' (explaining the purpose and requirements), 'Policy Statement' (with a 'Sponsor Name' field), and a list of responsibilities (A and B). The page number '1' is visible in the bottom right corner.

Application Forms for the National School Lunch Program

Civil Rights Pre-Award Compliance

The Arizona Department of Education is required to conduct a pre-award civil rights compliance review of unfunded Sponsors (LEAs) applying for a Child Nutrition Program.

Child Nutrition Programs
Civil Rights Pre-Award Compliance
New Sponsors Only

Sponsors of the Child Nutrition Programs are required to use the following items to publicize the Program's availability and nondiscrimination requirements:

- Free and Reduced-Price Policy Statements
- Letter to Parents
- Public Release (Published by AZ Department of Education)
- Other materials used to publicize the program's availability and nondiscrimination requirements

Please submit the following information prior to the receipt of federal funds:

1. Sponsor Name: _____ Phone: _____
Address: _____ Fax: _____
_____ Zip Code: _____
_____ E-mail: _____

2. First, indicate the number of students enrolled from each racial/ethnic group. Next, indicate the enrolled percentage by dividing the number of enrolled students in each group by the total number of students enrolled. Finally, indicate the service area data from the census population statistics website: <http://arizonaandicators.org/demographics/demographics-overview>.

Racial/Ethnic Data

	ENROLLED	ENROLLED %	SERVICE AREA%
Black/African American*			
White*			
Hispanic/Latino			
American Indian/Alaska Native*			
Asian*			
Native Hawaiian/ Pacific Islander*			
Some Other Race(s)†			
Total			

* Race alone not Hispanic or Latino
† Includes 2 or more races

3. Are there membership requirements as a prerequisite for admission? If yes, please describe: _____

4. List names of other federal agencies which provide assistance to your organization: _____

5. Has your organization ever been found to be in Civil Rights noncompliance with any of the Federal Agencies listed in question 4? If yes, explain: _____

Revised 7/06

Please click [here](#) to access the Civil Rights Pre-Award Compliance Form.

Continue

Application Forms for the National School Lunch Program

Completing the Civil Rights Pre-Award Compliance

- Follow the instructions provided on the form.
- Enter the name used on the FPPSA where asked to provide **Sponsor Name**.
- Complete Racial and Ethnic Data table:
 - Enrolled % and Service Area % should total 100%.
 - Complete the Service Area % Column by clicking on the URL link located in question #2.
- Answer questions 3,4, and 5 if applicable, if not; please enter N/A.

**Child Nutrition Programs
Civil Rights Pre-Award Compliance
New Sponsors Only**

Sponsors of the Child Nutrition Programs are required to use the following items to publicize the Program's availability and nondiscrimination requirements:

- Free and Reduced-Price Policy Statements
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- Other materials used to publicize the program's availability and nondiscrimination requirements

Please submit the following information prior to the receipt of federal funds:

1. Sponsor Name: _____ Phone: _____
Address: _____ Fax: _____
_____ Zip Code: _____
_____ E-mail: _____

2. First, indicate the number of students enrolled from each racial/ethnic group. Next, indicate the enrolled percentage by dividing the number of enrolled students in each group by the total number of students enrolled. Finally, indicate the service area data from the census population statistics website: <http://arizonaindicators.org/demographics/demographics-overview>.

Racial/Ethnic Data

	ENROLLED	ENROLLED %	SERVICE AREA%
Black/African American*			
White*			
Hispanic/Latino			
American Indian/Alaska Native*			
Asian*			
Native Hawaiian/ Pacific Islander*			
Some Other Race(s)†			
Total			

* Race alone not Hispanic or Latino
† Includes 2 or more races

3. Are there membership requirements as a prerequisite for admission? If yes, please describe:

4. List names of other federal agencies which provide assistance to your organization:

5. Has your organization ever been found to be in Civil Rights noncompliance with any of the Federal Agencies listed in question 4? If yes, explain: _____

Revised 7/06

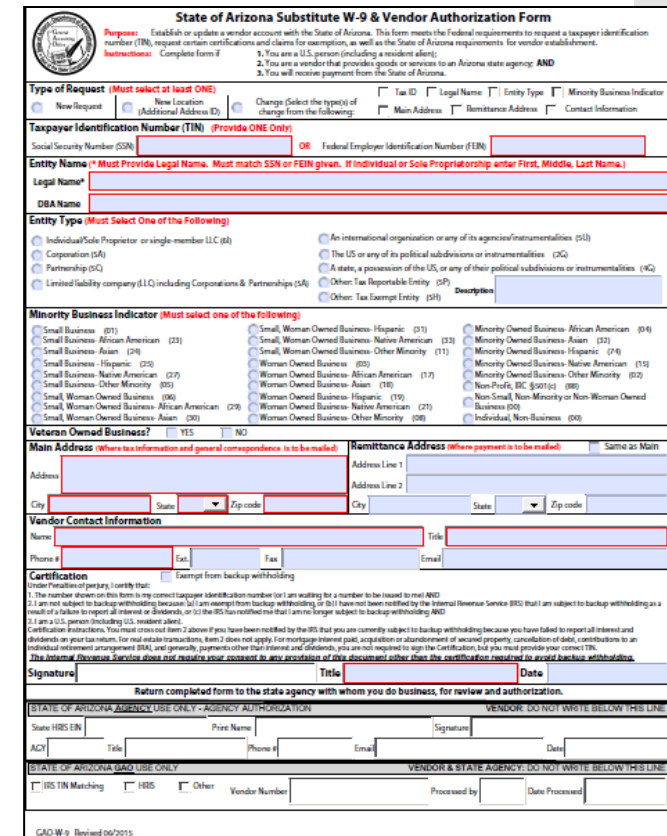
Application Forms for the National School Lunch Program

State of Arizona Substitute W-9 Form

This form is used to establish or update a vendor account with the State of Arizona. This form is required by Finance and Operations for LEAs to receive reimbursement for claims.

Applicant must:

- follow the instructions provided on the form;
- be aware that ADE will only accept the W-9 in this form; and
- provide a copy of the IRS approval letter if you selected Non-Profit, IRC § 501(c) in the Minority Business Indicator section.



The form is titled "State of Arizona Substitute W-9 & Vendor Authorization Form". It includes a "Purpose" section stating it is for establishing or updating a vendor account. The "Instructions" section lists three scenarios: 1. U.S. person (resident alien), 2. Vendor providing goods/services to a state agency, and 3. Payment from the state of Arizona. The form is divided into several sections: "Type of Request" (New Request or Change), "Taxpayer Identification Number (TIN)" (Social Security Number or Federal Employer Identification Number), "Entity Name" (Legal Name and DBA Name), "Entity Type" (Individual/Sole Proprietor, Corporation, Partnership, etc.), "Minority Business Indicator" (various categories like Small Business, Minority Owned Business, etc.), "Veteran Owned Business?", "Main Address" (where tax information and general correspondence is to be mailed), "Remittance Address" (where payment is to be mailed), "Vendor Contact Information" (Name, Title, Phone, Fax, Email), "Certification" (statement of accuracy and non-backup withholding), and "Return completed form to the state agency with whom you do business, for review and authorization." The bottom section contains fields for "STATE OF ARIZONA AGENCY USE ONLY" and "VENDOR (DO NOT WRITE BELOW THIS LINE)" with signature and date fields.

Please click [here](#) to access the State of Arizona Substitute W-9 Form.

Application Forms for the National School Lunch Program

DUNS Number Worksheet

The Data Universal Numbering System or DUNS number is Dun & Bradstreet's copyrighted, proprietary means of identifying entities using a unique nine-digit identification number. If you do not already have a DUNS number you must request one online by going to the [Dun and Bradstreet webpage](#). DUNS Number assignment is FREE for all businesses required to register with the US Federal government for contracts or grants.

Mandatory Reporting of DUNS Number
WORKSHEET
Sponsor Name:

Sponsor CTDS:
____ - ____ - ____
Sponsor DUNS Number:

Please click [here](#) to access the Mandatory Reporting of DUNS Number Worksheet.

Application Forms for the National School Lunch Program

Completing the Mandatory Reporting of DUNS Number

- Enter the name used on the FPPSA where asked to provide *Sponsor Name*.
- Enter the CTDS number that School Finance assigned to your school where asked to provide *Sponsor CTDS*.
- List the DUNS number you were assigned in the field, *Sponsor DUNS Number*, if you need help locating this number please refer to the [Dun and Bradstreet webpage](#).

Mandatory Reporting of DUNS Number

WORKSHEET

Sponsor Name:

Sponsor CTDS:

— — - — -

Sponsor DUNS Number:

— — — — —

Application Forms for the National School Lunch Program

Certification Regarding Debarment

This form notifies the state of Arizona that the Sponsor (LEA) will not knowingly do business with any organization that has been suspended or disbarred from operating any government program.

Applicant must:

- Follow the instructions provided on the form; and
- Complete and submit page 2 of the form.

Please click [here](#) to access the Certification Regarding Debarment form.

U.S. DEPARTMENT OF AGRICULTURE	
Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions	
<small>This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 2017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722-4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.</small>	
<small>(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)</small>	
<small>(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.</small>	
<small>(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.</small>	
_____ Organization Name	_____ PR/Award Number Project Name
_____ Name(s) and Title(s) Authorized Representative(s)	
_____ Signature(s)	_____ Date

Application Forms for the National School Lunch Program

Certification Regarding Lobbying

This form notifies the state of Arizona of the Lobbying activities done by the Sponsor (LEA). The Sponsor is to complete this form to disclose lobbying activities.

Applicant must:

- Follow the instructions provided on the form;
- Complete page 1 and 3; and
- List any lobbying activities, if LEA does not lobby, indicate this on page 3 by checking the box titled **Check this box if not applicable**.

Please click [here](#) to access the Certification Regarding Lobbying form.

DISCLOSURE OF LOBBYING ACTIVITIES		
<input type="checkbox"/> Check this box if not applicable		
Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 (See reverse for public burden disclosure.)		
1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan guarantee <input type="checkbox"/> e. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____ if known Congressional District, if known: _____		5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known: _____
6. Federal Department/Agency:		7. Federal Program Name/Description CFDA Number, if applicable: _____
8. Federal Action Number, if known:		9. Award Amount, if known: \$ _____
10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI): (attach continuation sheet(s) SF-LLL-A, if necessary)		b. Individuals Performing Services (including address) (last name, first name, MI): (attach continuation sheet(s) SF-LLL-A, if necessary)
11. Amount of Payment (check all that apply): \$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned		12. Type of Payment (check all that apply): <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____
12. Form of Payment (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: name _____ value _____		
14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contracted, for payment indicated on item 11: (attach Continuation Sheet(s) SF-LLL-A, if necessary)		
15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of the facts upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____
Federal Use Only:		

Additional Application Forms*

*Not applicable to all new Sponsors

Additional Application Forms

Additional Application Forms

Private Organizations only: Copy of tax-exemption 501(c)(3) letter from the IRS.

- If you selected Non-Profit, IRC § 501(c) in the Minority Business Indicator section of the AZ-W9, please provide a copy of the IRS approval letter.
- IRS letters indicating you have applied for tax exemptions are not accepted.

Residential Facilities only: Copy of current operating license.

- A license for each site(s) participating in the program is required.
- Non-health facilities are licensed by DES.
- Healthcare facilities are licensed by DHS.

Additional Application Forms

Caterer/Vendor Contact

All Sponsors of the Child Nutrition Programs have the option of contracting with a caterer or a Food Service Management Company (FSMC) to operate their food service. Please review the information found on the ADE Website, [Contracting for Meal Service](#).

- All contracts must be approved by the ADE Contracts Management Officer (CMO) and Sponsors must follow procurement procedures.
- Please plan at least 10 days for your contract to be reviewed.
- Veronica Cramer
Contracts Management Officer
Health and Nutrition Services
(602) 364-1965
Veronica.Cramer@azed.gov

Additional Application Forms

Food Distribution Delivery Information Form

- Access to this program **requires additional training and access to MyFoods**. More information regarding USDA Foods and the CNP2000 system can be found in the [ADE USDA Foods/Food Distribution Webpage](#).
- Participation in USDA Foods Program is required to participate in the DoD Fresh Produce program.
- Participation in these programs may help reduce your food costs significantly.

Technical Assistance

If you have any questions about filling out any application forms, please feel free to contact School Nutrition Programs at 602-542-8700 and ask for our New Sponsor Specialist for the National School Lunch Program.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.